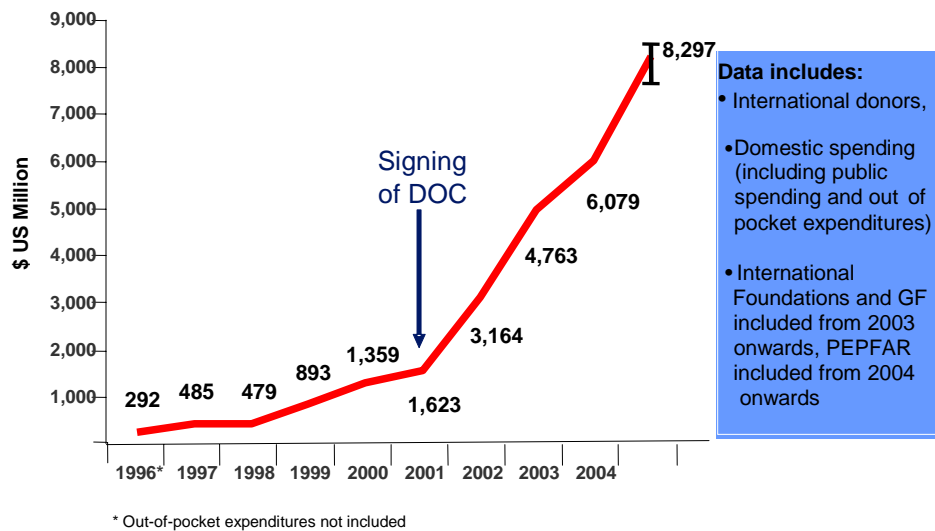


## GLOBAL RESOURCE AVAILABILITY FOR AIDS 2005

UNAIDS and main stakeholders and partners conduct resource tracking activities to measure the global commitments and disbursements for AIDS.

UNAIDS has estimated by means of projections made in 2004 that if donors honored all their pledges and commitments in 2006 there would be around \$8.3 billion (range: \$7.5 – \$8.5 billion) from all sources. One third of these resources were estimated to be from domestic (public and out-of-pocket) origin.

### Estimated total annual resources available for AIDS 1996 – 2005



These pieces of information are useful for different purposes and are required at different times. Every year, this information is prepared to be available before the annual meetings of the G8, the high-level meetings, such as the review of the Declaration of Commitment made since 2001 in a United Nations General Assembly Special Session (UNGASS) on AIDS and its follow-up in 2006.

The measurement of donor countries financial commitments and disbursements are difficult to track due to a variety of factors, including the different financial and accounting systems (e.g. fiscal year, and nomenclature), the definition and scope of what constitutes AIDS expenditure and the timeframes for the disbursement of the resources committed.

There are two ongoing efforts to estimate the donor's commitments and disbursements. One corresponds to the official reporting to the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD/DAC); other method is to interview directly the high ranking officers of the donor countries.

While the former method has the advantage of being the official statistics of Official Development Assistance by the end of the following calendar year (T plus 9-12 months), the former method has the advantage of providing more timely estimations (T plus 3-6 months). This difference alone makes it important because it allows UNAIDS and other partners to make these numbers available for high level meetings that require the most updated information, e.g. G8 meetings.

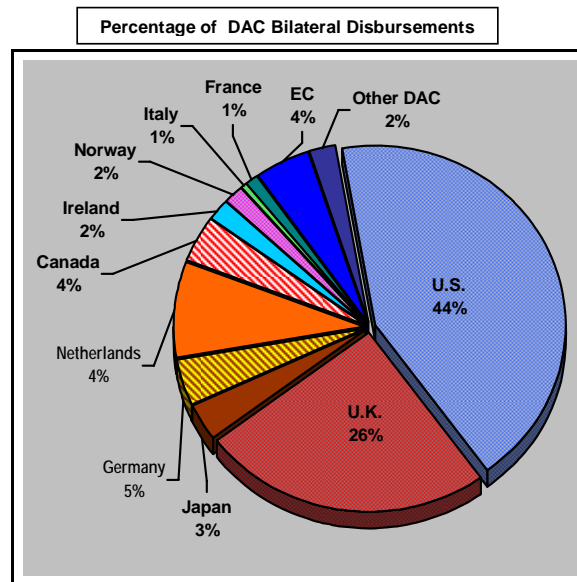
The direct interviews include the report of a more comprehensive list of AIDS projects, some of them being only a part of multipurpose projects and some others as part of education, social development and other sectors, not only health. These reports include also important amounts of funds channeled through international non-government organizations.

Thus, there are some differences between these methods/algorithms, and there is still a need to harmonize these measurement tools and ensure that the same constructs are being measured.

In the table and figure below the estimated 2005 bilateral commitments and disbursements for AIDS are presented. A discussion on a comparison between these two algorithms/methods is placed afterwards.

**Estimated 2005 Bilateral Commitments/Disbursements by Top Donors & EC**

US\$ in millions		
	Commitments	Disbursements
U.S.	1918.7	1095.0
U.K.	637.1	637.1
Netherlands	232.8	214.6
Sweden	111.2	112
Germany	111.2	110.6
Canada	108.2	107.7
Japan	95	85
EC	86.7	114.7
Ireland	50	49.8
Norway	34.3	46.4
France	33.6	32.5
Belgium	34.9	16.0
Italy	13.6	12.4
Other	50.8	60.4
<b>TOTAL</b>	<b>3,518.1</b>	<b>2,694.2</b>



## **DIMENSIONS OF THE UNAIDS FINANCIAL DATA COLLECTION FOR THE ESTIMATION OF 2005 BILATERAL COMMITMENT AND DISBURSEMENT**

UNAIDS collects data quantifying AIDS financing in the developing world on the part of multiple actors: households, affected-country governments, international foundations and charities, as well as bilateral and multilateral assistance agencies. The purpose of this work is to develop and maintain the best possible estimates of available financing, for use in tracking progress toward meeting defined resource requirements. Specifically, UNAIDS financial data collection work is conducted to monitor progress against relevant financing goals set out in the 2001 United Nations General Assembly Special Session (UNGASS) declaration. To carry out this responsibility, UNAIDS needs data which is:

- *Current*, meaning reflective of the most recent policy actions affecting current and future years;
- *Nimble*, consistent with the latest dynamic policy and scientific changes;
- *Financially Legitimate*, meaning derived from transactional sources;
- *Relevant*, meaning built on content consistent with substantive definitions arrived at by responsible AIDS policy-makers, and recognized by government policy-makers as representative of their actions.

Data gathered by UNAIDS is used, in other words, to inform current and forward-looking policy and financial formulation, principally on the part of governments having joined in the UNGASS declaration.

UNAIDS' work is in turn informed and put in context by statistical work carried out under the aegis of the OECD's Development Assistance Committee (DAC). The UNAIDS Secretariat has neither the legitimacy, competency, resources nor the mandate to collect data on overall long-term ODA spending trends, the DAC's primary concern. Without this DAC work, UNAIDS cannot track conditions such as additionality – the degree to which HIV/AIDS assistance is adding to or displacing other assistance activities. On the other hand, while AIDS is a priority concern for DAC members, it is far from their only assistance policy concern, and current budget (as opposed to past commitment and expenditure) tracking is not a DAC-licensed activity. (DAC data is retrospective, and as such is well-suited to long-term prior trend analysis but not so to real-time political resource decision-making, a purpose for which it is not intended.)

The UNAIDS Secretariat has, moreover, since 2001, led cutting-edge international work to define and project the developing world's HIV/AIDS financing needs. As a matter of official policy, UNAIDS has put forward – and the international community has approved – innovative doctrines defining the needed response to AIDS in inherently multisectoral terms. Specific education, civil society,

human rights and health system capacity-building efforts, for example, have been defined as a matter of policy as integral to the HIV/AIDS response in the developing world. As a corollary to this, also as a matter of policy, health-sector-only approaches to the fight against the pandemic have been explicitly rejected as insufficient. For statistical purposes, however, DAC reporting of HIV/AIDS spending occurred until very recently under a single population subsector code: “STDs including HIV/AIDS”; recent resolutions of the DAC working party foresee separate codes in prevention and treatment, and an additional code for social mitigation has been created, and quarterly reports from country members have been initiated). A principal technical purpose of UNAIDS’ direct donor inquiries is acquisition of data representative of cross-sectoral HIV/AIDS activity which may or may not register in DAC collection efforts.

Successive exercises on the part of UNAIDS-led teams of health economists and epidemiologists have improved and refined the substantive basis for estimates of financial need. Currently, UNAIDS projects HIV/AIDS program resource needs of \$14.9 billion in 2006, rising to \$22.1 billion in 2008, to support 35 interventions, as follows:

Mass media	Management
Community mobilization	Advocacy and communications
Voluntary counselling and testing	Monitoring and Evaluation
Youth in school	Operations Research
Youth out of school	Training
Programmes focused on sex workers and their clients	Logistics and supply, including transportation
Programmes focused on MSM	Supervision of personnel and patient tracking
Harm reduction programmes for IDUs	Drug resistance surveillance
Workplace	Construction of new health centres
Prevention programmes for people living with HIV	Laboratory & other infrastructure upgrading
Special populations	Management
Condom social marketing	Advocacy and communications
Public and commercial sector condom provision	Monitoring and Evaluation
Improving management of STIs	Operations Research
Prevention of mother-to-child transmission	
Blood safety	
Post-exposure prophylaxis (health care setting, rape)	
Safe medical injections	
Universal precautions	
Palliative care	
Provider initiated testing	
OI Treatment	
OI Prophylaxis	
ART, including nutritional support	
Laboratory testing	

This array of interventions is supplied – as an official definition of what constitutes AIDS assistance – to guide responses to UNAIDS direct requests for financial data. The following examples of acceptable mechanisms used to carry out needed interventions are also supplied as guidance:

- Direct project grants or concessional loans.
- Grants to NGOs for HIV/AIDS activities.
- Not only ODA, but also OA in middle-income countries (e.g. Russia, Ukraine), and EU candidate countries (e.g. Romania), and post-accession assistance in newly-admitted middle-income EU member countries (e.g. Poland).
- Components of multi-purpose projects and NGO grants, as long as a specific AIDS amount is cited either in the grant proposal or in the grantee's after-the-fact report.
- Capacity-building meetings and conferences in the field.
- Delivered commodities, such as drugs and medical equipment and supplies.
- Delivered medical services furnished directly, or by NGOs using assistance funds.
- HIV/AIDS-related training of developed-country personnel, whatever the location.
- Activities funded by any government agency, including health ministries, regional and/or municipal governments.
- Percentages of budget support or SWAp arrangements in cases in which underlying grant agreements include specific HIV/AIDS performance targets.
- HIV/AIDS-earmarked contributions to multilateral organizations.
- HIV/AIDS projects financed out of multilateral-organization-held trusts or partnerships, which particular governments have funded for multisector purposes, but where the government concerned maintains programming approval authority.

The above recognizes the reality that AIDS programming approaches differ significantly among bilateral and multilateral assistance agencies. Some high-income countries (e.g. Germany) carry out assistance programs more extensively through broad multipurpose grants to home-based NGOs than do others. Some countries (France, Germany, Japan) channel significant amounts of assistance through multipurpose concessional health loans with AIDS components or subcomponents. Still others provide significant AIDS assistance in the form of

components of conditional budget support or Sector-Wide Approaches, which lend themselves badly to disaggregation for purposes of DAC reporting.

Since 2004, the OECD and UNAIDS have formally been engaged in an effort to enhance and refine data collection efforts related to AIDS assistance. However, to meet its UNGASS commitment monitoring responsibilities, UNAIDS needs, in sum, more current and much more definitionally-complex financial data than is needed for DAC statistical purposes. UNAIDS has the luxury of being responsible for -- and of being staffed to acquire -- financial information relevant to a single disease with deep social and multi-sector repercussions, internationally recognized as a catastrophic threat to development, but still a single subject, in contrast to DAC responsibility for the entire universe of development assistance statistics, pursued conscientiously by a not-much-larger staff.